

# EXHIBIT 1

EEOC Form 5 (11/09)

|  |  |   |               |
|--|--|---|---------------|
| <b>CHARGE OF DISCRIMINATION</b><br><br>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.   |  | Charge Presented To:      Agency(ies) Charge No(s):<br><br><div style="display: flex; justify-content: space-between;"> <span>EEOC</span> <span><b>525-2022-01218</b></span> </div> <div style="display: flex; justify-content: space-between;"> <span>FEPA</span> <span></span> </div> |               |
| <b>New York State Division Of Human Rights</b> and EEOC<br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>State or local Agency, if any</i>   |  |   |               |
| Name (indicate Mr., Ms., Mrs.)<br>Ms. Nicole Smith   |  | Home Phone<br>716-533-5343  | Year of Birth |
| Street Address<br>53 Waterview Pkwy<br>HAMBURG, NY 14075   |  |   |               |
| Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)   |  |   |               |
| Name<br>Roswell Park   |  | No. Employees, Members<br>501+ Employees  | Phone No.     |
| Street Address<br>Elm & Carlton<br>ROSWELL PARK MEMORIAL INSTIT, NY 14263  |  |   |               |
| Name   |  | No. Employees, Members  | Phone No.     |
| Street Address      City, State and ZIP Code   |  |   |               |
| DISCRIMINATION BASED ON<br><br>Disability, Religion  |  | DATE(S) DISCRIMINATION TOOK PLACE<br><br><div style="display: flex; justify-content: space-between;"> <div>           Earliest<br/>           09/08/2021         </div> <div>           Latest<br/>           03/22/2022         </div> </div>  |               |
| THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):<br>I am a qualified individual with a disability. The last three years of my employment with Respondent, I held the position of Medical Records Associate II. On or about September 2, 2021, made Respondent aware that I wanted to request a medical exemption. Because of my medical conditions, I did not want to get vaccinated for COVID-19 until had spoken with the specialist that was treating me for my disability. Respondent asked me to fill out medical forms to officially request reasonable accommodation/medical exemption. I complied with Respondent's request and submitted my official claim for a medical exemption. My medical exemption/reasonable accommodation request was denied. On September 28, 2021, I was suspended without pay. According to Respondent, I was a threat to myself and others. I was suspended pending employment termination. I also requested religious exemption. Respondent ended up terminating my employment. I have challenged the suspension and termination without success. I believe that I was discriminated against because of my religious beliefs and my disabilities, and I was regarded as being disabled (posing a threat to myself and others) in violation of Title VII of the Civil Rights Act of 1964 as amended and the Americans with Disabilities Act of 1990, as amended. |  |   |               |
| I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.  |  | NOTARY – When necessary for State and Local Agency Requirements   |               |
| I declare under penalty of perjury that the above is true and correct.<br><br><b>Digitally Signed By: Ms. Nicole Smith</b><br><br><b>07/14/2022</b><br><br><div style="text-align: center;"><i>Charging Party Signature</i></div>  |  | I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.<br>SIGNATURE OF COMPLAINANT<br><br><br>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE<br>(month, day, year)   |               |